

BEST AVAILABLE COPY
ISSUE-SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SAB	412	9/22
O.I.P.E. CLASSIFIER	DS	8	11-28-98
FORMALITY REVIEW	W.M.N.	71629	5-13-98

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	
Original	
1	7/10/98
2	7/11/98
3	7/12/98
4	7/13/98
5	7/14/98
6	7/15/98
7	7/16/98
8	7/17/98
9	7/18/98
10	7/19/98
11	N
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16	V
17	N
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21	V
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23	V V V V V V
24	J
25	J J J J J
26	J J J J J
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30	J J J J V V
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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